

STANDARD CERTIFICATE OF DEATH

35895

State File No.

FILED OCT 22 1952

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5936</u>		Registrar's No. <u>316</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Smithton</u>		c. LENGTH OF STAY (in this place) <u>Smithton 15 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural + in Smithton</u>		d. STREET ADDRESS (If rural, give location) <u>0209</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West part of Town</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Boite</u>		c. (Last) <u>Boite</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 27-52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr 2 1899</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>53 4 20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Frederick</u>		13b. MOTHER'S MAIDEN NAME <u>Do not know</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oliver Boite Smithton Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Arterio Sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>2:25 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 8, 1952</u> , to <u>Aug 27, 1952</u> , that I last saw the deceased alive on <u>8-25, 1952</u> , and that death occurred at <u>10:47 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Will Boyer MD</u>				23b. ADDRESS <u>Adalia Mo</u>		23c. DATE SIGNED <u>8/28/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton MO</u>	
DATE REC'D BY LOCAL REG <u>10/14-52</u>		REGISTRAR'S SIGNATURE <u>R. F. Newmeyer</u>		F.S. FUNERAL DIRECTOR'S SIGNATURE <u>R. F. Newmeyer</u>		ADDRESS <u>Smithton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 1234

P. O. Address Smithton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.